City of Tempe – Social Services Department, Kid Zone Enrichment Programs 3500 S Rural Road Tempe, Arizona 85282 (480) 350-5400

## **Application for Kid Zone Enrichment Programs** "Celebrating 20 Years of Happy Memories"



CHECK REQUIRED AVAILABILITY BEFORE INDICATING PROGRAM INTEREST

Print Clearly and Neatly in Ink. Sign Application

An Equal Opportunity Reasonable Accommodation Employer TITLE OF

Address:S  Phone – Home:_ Driver's License Is this license curr Are you at least 1	#:	Office:	City		State	Zip C
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Is this license cur Are you at least 1		State			Message:	
Are you at least 1	rently valid:			s: Exp	oiration Date:	<del></del>
•		Yes:N	No:			
	8 years old?	Yes N	lo Are you	at least 21 years	s old? Yes	No
Are you a United	States citizen	or a legally registe	ered alien? Yes	No		
•	•	of the City Counc	• •			any City emplo
		indicate WHO, R				
		of the Tempe Personne Board or Commission				
		ation, Workstudy, or U				
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Have you ever be	en convicted o	of a felony? Yes	No	_ If YES, explai	in where, when	and disposition
Conviction will n	ot automaticall	ly bar you from er	mployment			
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JOB EXPERIENCE: Include all related job, volunteer and Internship experience pertinent to the position you are applying for, in order of most recent experience. Fill in all spaces. Be accurate and complete. You may attach a Resume, but your qualifications may be evaluated only on information provided on this form. 14. Place of Employment or Volunteer Experience: \_\_\_\_\_ Phone: \_\_\_\_ Address: \_\_\_\_\_ State Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_ Supervisor Name/Title: Employment Dates: From \_\_\_\_\_ To \_\_\_ Total Time There \_\_\_\_\_ Y Year (s) / Month (s) Hours per week \_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_ Description of Work Performed: Reason for leaving or wanting to change:\_\_\_\_\_ May we contact this employer if you are considered for the position: Yes \_\_\_\_\_ No \_\_\_\_ 15. Place of Employment or Volunteer Experience: Phone: Address: \_\_\_\_ City State \_\_\_\_\_ Your Title: \_\_\_\_\_ Kind of Business: Supervisor Name/Title: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_ Total Time There \_\_\_\_\_ Year (s) / Month (s) Hours per week \_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_ Description of Work Performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for the position: Yes \_\_\_\_\_ No \_\_\_\_ 16. Place of Employment or Volunteer Experience: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ State City Zip Code Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_ Supervisor Name/Title:

Employment Dates: From \_\_\_\_\_ To \_\_\_ Total Time There \_\_\_\_\_ Month/Year Month/Year Hours per week \_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_ Description of Work Performed: Reason for leaving or wanting to change:\_\_\_\_\_ May we contact this employer if you are considered for the position: Yes \_\_\_\_\_ No \_\_\_\_ Referral Source: \_\_\_\_Newspaper ad \_\_\_\_\_Friend/Family \_\_\_\_School Posting \_\_\_\_\_Church Posting 17. \_\_\_\_Other\_\_\_\_ In order to verify your previous work experience and/or education, please list other names you have used. 18.

pr hi	Have you ever been convicted of a misdemeanor or felony (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)? Note: Reckless operation, hit and run, driving under the influence, excessive speeding, and similar charges are not considered minor traffic offenses; furthermore, an excessive number of traffic violations (including minor/civil offenses) should be reported.							
Y _	es No	If Yes, give details, including cha	arges, dates, locations, etc. (attach a separate pate if necessary):					
	is to your a	dvantaga to provida a full disclosura	e of your record, as convictions do not automatically bar you from					
E	mployment	with the City. However, failure to a	admit convictions will result in automatic disqualification from new fic considerations listed in the "Truth in Application Policy" below).					
		TRUTH IN APPL	ICATION POLICY					
Values, ar oriented to	nd in fact red	quires, honesty in completing employeding the best candidate. Therefore,	is value applies to all phases of City business. In particular, the City byment applications. This is important to creating a fair process the City will not tolerate lies, or omissions of material fact on					
upon hire truth in ap	to verify the oplications, i	e information contained in the applic	ss in application materials. The City conducts a background check cation. However, at the same time that the City values integrity and takes and may learn from them. Therefore, the City's "zero wing considerations:					
			nt from employment for City jobs. The relationship of the conviction to e, and subsequent job performance will all be considered.					
2. A	applicants ar	re not required to report convictions t	that have been expunged or sealed by a court of law.					
m	nay be groun	nds for dismissal form City employm	discovered after (7) years of the date of an application, they nent, but such dismissal will be considered on a case-by-case basis, on against subsequent job performance and its relationship to the job.					
will ca of my	use forfeitu job if I am	are on my part of all eligibility to a	ement or omission of material fact on application documents any employment with the City of Tempe, and will cause forfeiture applyed by the City of Tempe. My signature on this application ent with the above policy.					
Individue on	dual, compa my applica	any, organization or institution to	materials are true and complete. In addition, I authorize any release any and all information concerning statements made by arties and individuals connected therewith from all liabilities g such information.					
Sign	nature		Date					

Please completely fill out the following information.

## **Professional References:**

Applicant Signature

1. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
2. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
3. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
Personal References:
1. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
2. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
3. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered
I hereby authorize the Kid Zone Enrichment Program and the City of Tempe to check my references with the individuals listed above.

Date